PTO/SB/22 (01-08) Approved for use through 01/31/2008. OMB 05/1-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE cond to a collection of information unless if displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no pe distante required Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2008** CNZ-006US (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/511,612-Conf. #4076 Filed August 5, 2005 USE OF HEME OXYGENASE-1 AND PRODUCTS OF HEME DEGRADATION For Art Unit 1652 Examiner H. A. Robinson This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$460 \$230 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 Four months (37 CFR 1.17(a)(4)) \$1640 \$820 1115 Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number 43,270 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 April 2, 2008 Date Megan E. Williams (617) 994-0761 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted. 04/04/2008 ETECLE1 00000010 120080 10511612 1115.00 DA

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to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person are Complete if Known Effective on 12/08/2004. 10/511,612-Conf. #4076 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL Filing Date August 5, 2005 Fritz H. BACH First Named Inventor For FY 2008 **Examiner Name** H. A. Robinson Applicant claims small entity status. See 37 CFR 1.27 1652 Art Unit CNZ-006US TOTAL AMOUNT OF PAYMENT 1,115.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check 12-0080 Lahive & Cockfield, LLP X Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 255 210 105 Utility 310 155 510 100 130 65 Design 210 105 50 Plant 210 105 310 155 160 80 155 510 255 620 310 Reissue 310 105 0 0 O 0 **Provisional** 210 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Multiple Dependent Claims** Extra Claims Fee Paid (\$) Fee Paid (\$) <u>Fee (\$)</u> HP = highest number of total claims paid for, if greater than 20. Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Extra Sheets (round up to a whole number) x - 100 = /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within fifth month 1,115.00 SUBMITTED BY Registration No. (617) 994-0761 Signature 43,270 Telephone (Attorney/Agent) Megan E. Williams Name (Print/Type) Date April 2,2008